

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.	FILING DATE
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APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/						
2		/					
3		/					
4							
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49							
50							
TOTAL IND.			↓		↓		↓
TOTAL DEP.			←		←		←
TOTAL CLAIMS							

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51		/						
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100								
TOTAL IND.	3		↓		↓		↓	
TOTAL DEP.	48		←		←		←	
TOTAL CLAIMS	51							

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS